

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40417**
Registrar's No. **2047**

FILED JAN 2 1950

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 2047	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 1yr. 2mo. 21 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3648	
d. FULL NAME OF HOSPITAL OR INSTITUTION VAH.				d. STREET ADDRESS (If rural, give location) 3943 Flora,			
3. NAME OF DECEASED (Type or Print) Dewey		a. (First)		b. (Middle) (None)		c. (Last) WIDENER	
4. DATE OF DEATH (Month) (Day) (Year) Dec 25, 1950		5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 3, 1915		9. AGE (In years last birthday) 35		10. BIRTHPLACE (State or foreign country) Mt. Ida, Arkansas		11. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigerator Service Man.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Agnes Widener			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW Two		16. SOCIAL SECURITY NO. Unkn.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records VAH, Spfld., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary moniliasis, bilateral. m INTERVAL BETWEEN ONSET AND DEATH 18 mo. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Pulmonary tuberculosis, active Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10 , 19 49 , to Dec 25 , 19 50 , and that death occurred at 1:35A m., from the causes and on the date stated above.							
23a. SIGNATURE Paul L. Eiskie, Chief, U (Degree or title) PAUL L. EISKIE, MD. Professional Services VAH, Springfield, Mo.				23b. ADDRESS		23c. DATE SIGNED 12/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 29, 1950		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 12/28/50		REGISTRAR'S SIGNATURE W E Handley		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeider, Springfield, Mo.		ADDRESS 1321	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 29 1957

JUN 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Carl J. Glenn

Signed.....

Student Embalmer

Licensed Embalmer No. *4707*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.